

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			1031/00
O.I.P.E. CLASSIFIER	DR	32	11/15
FORMALITY REVIEW	CUB	0723	12/14/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	1	✓	11/25/00
2	2	✓	
3	3	✓	
4	4	✓	
5	5	✓	
6	6	✓	
7	7	✓	
8	8	✓	
9	9	✓	
10	10	✓	
11	11	✓	
12	12	✓	
13	13	○○	
14	14	✓	
15	15	✓	
16	16	○○	
17	17	○○	
18	18	○○	
19	19	○	
20	20	○	
21	21	○	
22	22	✓	
23	23	✓	
24	24	✓	
25	25	✓	
26	26	✓	
27	27	✓	
28	28	✓	
29	29	✓	
30	30	✓	
31	31	✓	
32	32	✓	
33	33	✓	
34	34	✓	
35	35	✓	
36	36	✓	
37	37	✓	
38	38	✓	
39	39	✓	
40	40	✓	
41	41	○○	
42	42	○○	
43	43	○○	
44	44	○	
45	45	○	
46	46	○	
47	47	○	
48	48	○	
49	49	○	
50	50	○	

Claim	Final	Original	Date
51	51	○○	11/25/00
52	52	○○	
53	53	○○	
54	54	○○	
55	55	○○	
56	56	○○	
57	57	✓	
58	58	✓	
59	59	✓	
60	60	✓	
61	61	✓	
62	62	✓	
63	63	○○	
64	64	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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